



City of St. Louis
Department of Health
AIR POLLUTION CONTROL



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Mayor

<http://stlouis.missouri.org/citygov/airpollution>
<http://stlouis-mo.gov/>

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APPLICATION
FOR CONSTRUCTION OR MODIFICATION,
PRIOR TO OPERATION,
OF AN AIR POLLUTION SOURCE
WITHIN THE CITY OF ST. LOUIS

Send two (2) original, signed copies of the completed Application to:

Chief of Permitting
City of St. Louis Air Pollution Control Program
1520 Market Street Room 4058
St. Louis, Missouri 63103

ALL APPLICATIONS MUST BE ACCOMPANIED BY A FILING FEE AS AUTHORIZED BY
CITY OF ST. LOUIS ORDINANCE 68657.

REFER TO THE CURRENT FEE SCHEDULE.

CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF ST. LOUIS.

Additional information and fill-in forms are available on the City of St. Louis web site or by contacting the Air Pollution Control Program.

Definitions for use in determining FEE applicability and rates:

- *De minimis* source: a source with actual emissions of regulated pollutants less than the levels listed in Table 1 of 10 CSR 10-6.020 (3)(A).
- Minor source: Any source with actual emissions greater than a *de minimis* source but less than 100 tons per year of criteria pollutants, 10 tons per year of a single HAP and 25 tons per year of all HAP combined.
- Major source: Any source with emissions greater than a minor source.
- Special project: A construction or modification project at a major source where: the project will construct or modify equipment that is subject to 10 CSR 10-6.070 *New Source Performance Regulations* (NSPS); 10 CSR 10-6.075 *Maximum Achievable Control Technology Regulations* (MACT); 10 CSR 10-6.080 *Emission Standards for Hazardous Air Pollutants* (NESHAP); or 10 CSR 10-6.060 *Construction Permits Required* Section (7), (8) or (9); or the project will increase the installation's potential to emit one or more pollutants that contribute to atmospheric levels of pollution for which the St. Louis Metropolitan Area is classified as non-attainment at rates above the insignificance levels listed in 10 CSR 10-6.061 *Construction Permit Exemptions* Section (3)(A)3.A. Table 1.

COMPANY INFORMATION

Please print or type when filling out this form.

Facility Name: _____

Facility address: _____ ZIP _____

Facility phone number: _____ Facility contact name: _____

Principal company product or activity: _____

Facility SIC (Standard Industrial Classification): _____

Facility ID: _____ If your company completes the Emission Inventory Questionnaire (EIQ) form.

Parent Company: _____ Facility contact information: _____

Name, telephone, telefax, and e-mail of person(s) who should be contacted for clarifications about information contained in this permit application:

I am aware that making a false statement in this application, are grounds for denying approval of the application, or revoking the final permit. By affixing my signature hereto, I further certify that I am authorized to execute this application.*

Signature: _____ Print Name: _____

Title: _____ Date: _____

Phone #: _____

*A corporate officer per Missouri 10 CSR 10-6.020 (2)(R) and 10 CSR 10-6.060 (12) *Appendix A* shall sign the application. The person above has final responsibility for the information provided in this application, certifying that the information is true, complete and accurate.

SOURCE INFORMATION

Use copies of this page for **each** emission source that you want included in this application.

Name of Emission source: _____

Type of Emission source: Modified ☐ New ☐

Start date of this source or process operation: _____

Principal product or activity source will be used in conjunction with:

SCC (Source Classification Code) of Emission Source: _____

Manufacturer: _____ Year Manufactured: _____

Model #: _____ Serial #: _____

***Maximum Design Capacity (MDC) of Source:**

Units of MDC always are shown in volume or mass per unit time (for example tons/hr or gal/hr).

***MDC for a piece of equipment can usually be obtained from the manufacturer.**

MDC for a piece of equipment can also be determined after quantifying the production rate.

Production rate is the total production units conceivably made in a fixed period of time.

Presuming the process operates at full capacity allows for the calculation of MDC.

***Attach your documentation verifying MDC.**

Estimated annual hours of operation source will be in use: _____

Attach to this application, or draw here, a simple process or block flow diagram clearly showing the source and its emission point or points, along with any control equipment:

Attach to this application, or write here, a brief description of the source or process diagrammed above:

Name each material item of throughput** associated with this source, along with its annual usage, expressing units, *i.e.* (245 tons, 50,000 gallons, 13 million (MM) cubic feet, 840 pounds, 580,000 barrels, etc.).

****Attach an MSDS (Material Safety Data Sheet) for mixtures, trade chemicals, uncommon or unusual air toxics.**

A Technical Data Sheet (TDS) or Product Data Sheet (PDS) should be attached if the MSDS does not include relevant VOC, "as applied" data, MDC, relevant certification or test data, etc. If data can be found online, a URL for the website can be included.

CONTROL DEVICE INFORMATION

Will there be a control device used in these source processes? Yes ☐ No ☐

Will work practices or limitations be used to control emissions from these sources? Yes ☐ No ☐

If Yes, fill out this page information. If No, you may skip the remainder of this page information.

Attach copies of this page for any additional control devices.

Date this control device will be (or was) commencing operation: _____

This control device will be used to control the emissions from which source(s) or process(es)? (list all, even if existing): _____

Percent of the time this control device will be used while source is emitting: _____%

Manufacturer: _____ Year Manufactured: _____

Model #: _____ Serial #: _____

Manufacturers rated design capacity (attach copies from the owner's manual or other source you are using to get the design capacity): _____

Flow Rate (ACFM): _____ Overall control efficiency (%): _____

List each pollutant this device controls, along with the percent control efficiency, in the table below.

Attach supporting compliance documentation of the efficiency, e.g. actual stack test data, certifications, manufacturer's guarantee.

<u>Symbol</u>	<u>Air Pollutant Name</u>	<u>Control Efficiency (CE) %</u>	<u>Source of Data</u>
PM₁₀	Inhalable Particulate Matter ≤ 10 microns in diameter		
PM_{2.5}	Inhalable Particulate Matter ≤ 2.5 microns in diameter		
SO_x	Oxides of Sulfur		
NO_x	Oxides of Nitrogen		
VOC	Volatile Organic Compounds		
CO	Carbon Monoxide		
CO₂	Carbon Dioxide		
Pb	Lead		
HAP*	Air Toxics (Hazardous Air Pollutants)		

Further explanation: _____

* List each hazardous air pollutant (HAP) or non-Criteria toxic pollutant individually for TOXICS section, or attach to application as a spreadsheet.

EMISSIONS INFORMATION

***** *You shall attach your calculations which document potential pollution.* *****

If the equipment listed in this application emits Particulate Matter, you must also fill out a 10 CSR 10-6.400 Compliance Determination worksheet.

Estimated Actual Annual Emissions

Answer in Pounds

**Maximum Potential Annual Emissions

Answer in Pounds

Air Pollutant	Calculated using Controls	Calculated w/o Controls	Calculated using Controls	Calculated w/o Controls
PM ₁₀				
PM _{2.5}				
SO _x				
NO _x				
VOC				
CO				
CO ₂				
Pb				
Acid Mists				
HAP*				

* List each hazardous air pollutant (HAP) or non-Criteria air toxic individually for HAP section. You may attach the list separately if space is limited. HAP are listed in 10 CSR 10-6.020 *Definitions and Common Reference Tables*.

**How to calculate Maximum Potential Annual Emissions:

You assume each source is operating, and thereby emitting, at maximum capacity (MDC from pg. 3) for 8,760 hours. This provides the maximum annual potential to emit (PTE) for a full year (8,760 hours in one year). **You can lower your PTE by voluntarily limiting your emissions (tons/year or pounds/hour), hours of operation, or the amounts of any throughput item, or the operation rate, or other manner that is practically enforceable.** If you choose this option please list here what you wish to limit and by how much. If you choose *not* to limit potential emissions, write **NONE**.

Printed name and signature of company responsible official who authorizes the above limitation:

PRINTED NAME

SIGNATURE

DATE

Notes:

1. If you are issued a construction permit as a result of this application, or meet other applicability criteria, you may be required to file an annual emission inventory questionnaire (EIQ) each year. Refer to 10 CSR 10-6.110 for EIQ requirements and schedule.
2. If your uncontrolled PTE for any pollutant at your facility is above *de minimis* levels, e.g. 40 tons per year for VOC, you may be required to obtain a Missouri State Operating Permit. If your PTE is above 100 tons per year, you will be considered a Part 70 source.

CSR 10-6.400 Compliance Demonstration

(Attach to application if the equipment listed in this application emits Particulate Matter,)

Semi-annual monitoring is required if the calculated **uncontrolled** emission rate is within 50% of the emission limit.

Periodic Monitoring is required if a control device is required to meet the emission limit established in the rule.

Code: The source of the emission factor or control device efficiency used:

1=CEM 2=Stack Test 3=Mass Balance 4=AP-42 5=Other (please attach justification) 6=Eng Calc 7= FIRE

[illegible]